

Joint Legislative
Committee on Aging



Report to the 86th Legislature

November 2018

**Joint Legislative Committee on Aging
Interim Report 2018**

A Report to the 86th Legislature

**Senator Donna Campbell, M.D.
Chair**

**Committee Clerk
Brittany Sharkey**



Joint Legislative Committee on Aging

October 15, 2018

Senator Donna Campbell, M.D.
Chair

The Honorable Dan Patrick
Lieutenant Governor of Texas
Members of the Texas Senate
Texas State Capitol
Austin, Texas 78701

Dear Lieutenant Governor Patrick and Fellow Members:

The Joint Legislative Committee on Aging of the Eighty-Fifth Legislature submits its interim report including recommendations for consideration of the 86th Legislature.

Respectfully Submitted,

Handwritten signature of Senator Donna Campbell in cursive.

Senator Donna Campbell, Chair

Handwritten signature of Senator Eddie Lucio, Jr. in cursive.

Senator Eddie Lucio, Jr.

Handwritten signature of Representative J.D. Sheffield in cursive.

Representative J.D. Sheffield

Handwritten signature of Representative Toni Rose in cursive.

Representative Toni Rose

Dr. Ben Dickerson, Public Member

Handwritten signature of Betty Streckfuss in cursive.

Betty Streckfuss, Public Member

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Introduction

The Texas Legislative Committee on Aging was established by HB 610 in the 81st Legislature and is tasked with studying issues relating to the aging population of Texas, including health care, income, transportation, housing, education, and employment needs. Additionally, the committee should make summaries of its findings and legislative recommendations.ⁱ

In 2005, the State Demographer of Texas estimated that the number of Texans 65 years or older would increase from 2.1 million to 6.3 million between 2000 and 2040. Given these numbers, the 81st Legislature found it important to establish a legislative committee in statute to ensure the state is ready to meet the ever growing needs of this population. Currently, Texas has the third-largest population of older adults (60%) in the United States and it is estimated to increase by 67% between 2015 and 2030. Additionally, the population of those between the ages of 70-79 is expected to increase by 104% while those over the age of 85 is expected to increase by 71% by the year 2030.ⁱⁱ These numbers suggest that more Texans are living longer and have increasingly complex needs.

The Legislative Committee on Aging is comprised of two members of the Senate appointed by the Lieutenant Governor, two members of the House of Representatives appointed by the Speaker of the House, and two public members appointed by the Governor. The presiding officer, appointed by the Lieutenant Governor and Speaker of the House on an alternating basis, serves a two-year term, expiring February 1 of each odd-numbered year.

Legislative Committee on Aging Hearings

The committee held two hearings in Austin, Texas on May 29, 2018 and August 28, 2018. Invited testimony was received from state agencies that have jurisdiction and oversight of programs serving the aging population, representatives from higher education institutions, experts in the field, and advocacy and professional groups. These individuals provided testimony to the Committee which produces the findings and information within this interim report. Although the opportunity was provided at both hearings, the Committee received no public testimony.

Hearing 1: Brain Health and the Aging Population

May 29th, 2018

Betty King Committee Room

The Legislative Committee on Aging held the first public hearing of the 85th Legislative Interim on May 29th, 2018 in which they received testimony from state agencies and interested parties regarding brain health and the aging population.

The Committee heard invited testimony from the following:

- Dr. Kenneth Cooper, The Cooper Institute
- Dr. Marc Diamond, University of Texas Southwestern Medical Center
- Michelle Dionne Vahalik, Texas Health and Human Services Commission
- Amanda Frederiksen, AARP
- Dr. Manda Hall, Department of State Health Services
- Deborah Hanna, Darrell K. Royal Fund
- Nicolas Musi, Barshop Institute
- Denise Park, University of Texas-Dallas
- Hemachandra P. Reddy, Garrison Institute on Aging
- Melissa Sanchez, Alzheimer's Association
- Dr. Paul Schulz, Texas Medical Association
- Tai Wang, University of Texas at Tyler

The Committee received no public testimony.

Audio and video recordings, minutes, and witness lists for the above referenced hearing may be found online.

Hearing 2: Access to Care and Issues Facing the Aging Veteran Population
August 28th, 2018
Betty King Committee Room

The Legislative Committee on Aging held the second and final public hearing of the 85th Legislative Interim on August 28th, 2018 in which they received testimony from state agencies and interested parties regarding access to care and issues facing the aging veteran population.

The committee heard invited testimony from the following on the Access to Care Charge:

- Paul Casner, Director of Geriatric Medicine, Texas Tech School of Medicine
- Ron Cook, Chair of Family Medicine, Texas Tech School of Medicine
- John Holcomb, Physician, Texas Medical Association
- Eric Koonish, Texas Public Policy Committee, National Alliance for Mental Health
- Tim Morstad, Associate State Director, AARP
- Mari Robinson, Director of Telehealth, University of Texas Medical Branch
- Alan Stevens, Director of the Center for Applied Health Research, Baylor, Scott and White Health

The committee heard invited testimony from the following on the Aging Veteran Population Charge:

- John Berkely, Deputy Director, Veterans Land Board
- Byron Hepburn, Director, University of Texas Military Health Institute
- Suzanna Hupp, Director of Veterans Services, Texas Health and Human Service Commission
- Kathy Johanns, Program Administrator, Veterans Land Board
- Kyle Mitchell, Senior Director, Meadows Mental Health Policy Institute
- Carlos Rosende, Executive Director, University of Texas Health Physicians

The Committee received no public testimony.

Audio and video recordings, minutes, and witness lists for the above referenced hearing may be found online.

Brain Health

May 29th, 2018

Alzheimer's Disease (AD) and Related Disorders in Texas

Alzheimer's disease is one of the most serious public health crises facing the aging population in both our state and nation. An estimated five million people suffer from the disease nationally, 400,000 of those in the state of Texas. AD is an age-related, irreversible brain disease characterized by a steady decline in cognitive, behavioral, and physical abilities. Texas is fourth in the nation for number of those suffering from this disease. ⁱⁱⁱ

It is estimated that medical care for these 400,000 affected Texans costs over \$20 billion annually and an additional estimated \$20 billion in uncompensated care provided by friends and family members. ^{iv} The number of people with Alzheimer's disease is expected to triple in the next thirty years. ^v In public and private intuitions across the state, groundbreaking research is being undertaken to help prevent, diagnose, treat, and cure this disease.

Alzheimer's Disease Research in Texas

The Texas Alzheimer's Research and Care Consortium (TARCC) is a collaborative effort between nine of Texas' leading medical research institutions. TARCC previously focused on studying the Texas Alzheimer's population and creating a demographic study, but in the past few years has shifted to funding investigative projects relating to Alzheimer's through grants.

The O'Donnell Brain Institute at UT Southwestern is engaged in both the treatment of patients and research into prevention, early detection, and treatment of Alzheimer's disease. Currently, they are working on developing a method of early detection of Alzheimer's disease before the brain suffers damage and on a vaccine that should be ready for clinical trials in the next eighteen months.

The Texas Tech University School of Medicine Garrison Institute on Aging is focused on healthy aging and Alzheimer's prevention, studying biomarkers for early diagnosis, and research on keeping brain synapses healthy to delay cognitive decline. Dr. Reddy from the institute spoke about a landmark twelve-year study of over one thousand patients in rural Texas. This study looked at early education about healthy lifestyles to aid in the prevention of chronic and degenerative diseases.

Dr. Reddy emphasized that prevention is key, and more funding is needed to continue the education and awareness campaigns necessary to make more people aware of the links between healthy lifestyles and prevention of these diseases. As a final interesting point, Dr. Reddy pointed out that women are disproportionately afflicted with Alzheimer's disease and indicated that more research into this aspect of women's health was needed.

The Center for Vital Longevity at UT-Dallas is focused on finding when Alzheimer's starts and the early key differences between healthy brains and degenerating brains. They are hoping that by conducting scans of middle-aged brains, they can find early markers of the disease and begin preventative or progression slowing protocols sooner. Additionally, the Center has found a correlation between the long-term health of brains that engage in cognitive challenges compared to those who don't. This research could help provide more insight into prevention strategies.

While aging is the leading unpreventable cause of Alzheimer's, preventable health issues like diabetes, obesity, and hypertension significantly increase the risk of developing the disease. More research funding is needed to continue to improve early detection and possibly find a cure.

Alzheimer's Disease and Physical Fitness

Currently, the United States spends twice as much as any other country on healthcare but ranks 43rd in longevity. Texas by itself ranks 32nd nationally in longevity. Given the demonstrated link between physical health and cognitive decline, leading universities and research institutes are examining the role physical fitness plays in our overall healthcare system.^{vi}

UT Tyler is focusing their research on the links between physical activity and improved cognitive function. There are studies being done to see if physical markers can be signs of early detection of Alzheimer's disease. The main focus of UT Tyler is currently on Tai Chi and its benefits on the prevention or slowing of the progression of Alzheimer's and other cognitive degenerative diseases.

The Cooper Institute has been examining the link between physical fitness and longevity since 1970. Dr. Kenneth Cooper, founder of the Cooper Institute, has done precise research on the link between midlife fitness levels and the incidence of disease. He found that the upper quartile of active adults were 36% less likely to develop dementia and Alzheimer's disease and 37% less likely to have strokes. Dr. Cooper firmly believes that physical health and prevention are key to lowering the incidences of Alzheimer's disease and cognitive decline.

In 2001, the Barshop Institute for Longevity and Aging Studies was created at the UT Health Sciences Center in San Antonio. The Institute is a leading center for the study of aging and age-related disease. The Institute is also studying the effects of physical health on the development of Alzheimer's later in life.

Public Awareness about the Disease

Dr. Paul Schulz from the Texas Medical Association discussed the difficulty with creating awareness around the healthy living factors that may prevent Alzheimer's. The disease has shown to be less prevalent in those who engage in healthy lifestyle behaviors. Dr. Schulz reiterated that increased awareness and incentivizing preventative measures may help slow the spread of Alzheimer's disease.

Marissa Sanchez with the Alzheimer's Association spoke about the many different programs the association offers. They offer both a prevention awareness campaign and an early signs and symptoms awareness campaign. The Alzheimer's Association has partnered with numerous private entities to increase awareness on these incredibly important topics and are open to working with local and state agencies to do the same.

State Agencies and the Disease

Alzheimer's Disease Program

The Texas Health and Human Services Commission (HHSC) established the Alzheimer's Disease Program in 1987. Their objectives are to:

- Increase awareness of Alzheimer's disease
- Address the burden of living with the condition and provide care
- Support Texas Council on Alzheimer's Disease and Related Disorders
- Work with the Texas Alzheimer's Disease Partnership

The program has one full-time employee and an annual appropriation of \$80,000. The program is tasked with educating the public about the disease and referring residents to the most appropriate resource for their condition. Due to the restructuring of the Health and Human Services Commission, this program has been moved to the Community Health Improvement Division within the Texas Department of State Health Services.

Texas Council on Alzheimer's Disease and Related Disorders

Another program within HHSC is the Texas Council on Alzheimer's and Related Disorders, a twelve-member council established in 1987. The twelve voting members are appointed by the Governor, Lt. Governor, and Speaker of the House and included five professional members and seven public members. Non-voting members represent HHSC. The Council is tasked with the following objectives in its creation statute:

- Make recommendations
- Coordinate networking systems for families and caregivers
- Disseminate information on services and activities
- Facilitate state agency services coordination
- Encourage research
- Submit a biennial legislative report

Most recently, the council appointed a new chair in 2018 and has appointed eight new members since December 2017.

Texas Alzheimer's Disease Partnership

The Texas Alzheimer's Disease Partnership was established in 2009 to assist in authoring and implementing the 2010-2015 Texas Alzheimer's Disease State Plan. It is a volunteer network of approximately 150 partners, including state, local, and community organizations, academic and research institutions, health providers, and the families of those affected by Alzheimer's disease.

Texas State Plan for Alzheimer's Disease

The final draft of the current state plan is expected to be developed in early 2019. This summer, workgroups met to submit and clarify ideas. The next step will be for the plan to go through an internal review before moving to the creation of the final draft.

Aging Well Texas Initiative

This initiative was created by Executive Order in 2005 and established to identify and help meet the needs of the increasing older adult population. The Aging Texas Well Advisory Committee develops a biennial plan to address issues relating to aging policy, developing policy goals, and helping guide lawmakers in addressing those goals.

HHSC Oversight Capabilities

Finally, HHSC has a variety of oversight capabilities to ensure that Texans with Alzheimer's disease are receiving appropriate high quality care. The Office of Quality Monitoring offers a variety of programs to train healthcare providers at all levels in the care for patients with AD and related diseases. In addition, HHSC offers an Alzheimer's certification for all nursing facilities and Type B Assisted Living Facilities.

Conclusion

Alzheimer's disease is a significant public health problem that is going to grow in prevalence. Texas has been on the forefront of many incredible breakthroughs in Alzheimer's research, but more work needs to be done. Experts all agree that a healthy lifestyle earlier in life has the potential to prevent the onset of Alzheimer's disease. More public awareness and education efforts are recommended to ensure that the general population knows about the benefits of a healthy lifestyle, as well as the early signs of Alzheimer's disease.

The Aging Veteran Population

August 28th, 2018

Aging Veterans in Texas

Texas has the second highest population of veterans in the nation, with the total state veteran population estimated around 1.7 million.^{vii} Approximately 70% of that population is age fifty or older.^{viii} This population also has a high incidence of mental illness and substance abuse,^{ix} and the suicide rate for older veterans is nearly double that of the older civilian population.^x The veteran population presents a unique set of needs, both physical and mental, and the state has implemented a variety of programs to meet those needs.

Veterans Programs Through HHSC

The Health and Human Services Commission has long recognized that veterans represent a significant portion of our population and that they require special services. According to HHSC, 73% of veterans over age 50 have non-service connected disabilities, and many aging veterans already are or will become dependent on state services.

One of the veteran-centric programs that HHSC administers is the Texas Veterans + Family Alliance Grant program that awards grants to local communities for both physical and mental health services for veterans and their families. This grant program, created by SB 55 during the 84th Legislature, awards up to \$20 million each biennium in state funding and requires that 100% of state funds be matched by private donors. This allows new and innovative programs to develop that meet the needs of individual communities. Some services include multiple peer to peer counseling and opportunities for veterans to meet other veterans and socialize. In addition, the Cohen Foundation has a program to build twenty-five veterans mental health clinics across the country and because of this grant program, four of the those clinics will be located within Texas.

In addition, SB 578 from the 85th Legislative Session directed HHSC to devise a comprehensive action plan to increase access to professional veteran health services and to help prevent suicide among the aging veteran population.

HHSC has identified further critical needs facing the veteran population. Those needs are:

- Housing for male veterans
- Housing for female veterans and female veterans with children
- Transportation
- Employment
- State nursing home beds
- VA-Certified beds
- Transitional care
- Residential long-term care

Recognizing that mental healthcare is an ongoing issue, HHSC has also identified increased social and emotional connectivity as an important factor to combat suicides and mental illness in the aging veteran population.

In order to combat these far-reaching issues, HHSC is encouraging the use of partnerships with state and local agencies, faith based organizations, and public-private partnerships to best address veterans' needs.

Military Health Institute at UT San Antonio Health Science Center (UTSAHSC)

The Military Health Institute at UTSAHSC was established in 2014 to expand on the existing collaboration between UTSAHSC and the Department of Defense and Department of Veterans Affairs. The institute cares for veterans and active duty service members, helps train medical personnel to care for current and former military members, and conducts research into issues facing those populations. Today, their research is focused on treating trauma, behavioral health and suicide, and non-narcotic pain management practices. Currently, all 880 medical students at UTSAHSC are required to complete rotations in local VA hospitals. In addition, the Veterans Administration (VA) sponsors 240 resident positions at UTSAHSC.

Texas State Veterans Home Program

Overseen by the Veterans Land Board, the Texas State Veterans Home provides long-term nursing and residential care for veterans, their spouses, and Gold Star Parents across the state. Currently, eight homes are open and operational with a ninth home scheduled to open later this year. These homes are built in conjunction with the Veterans Administration to ensure that unmet care needs of veterans are being addressed. The construction of these facilities is financed 60% by the VA, 35% by the Texas State Veterans Home Program, and the remainder from private donations. The funds from the Texas State Veterans Home Program come from funds earned from the operation of the other homes, and not a single state taxpayer dollar is spent on the operation of these homes. For many of the residents, the VA per diem or private insurance is sufficient to cover their cost, meaning there is little to no out of pocket costs for the veterans. The largest era of veterans they serve are from the Vietnam era and make up 30% of residents of these homes.

The staff of the State Veterans Homes are trained annually with an award-winning training program to better meet the unique needs of veterans. Many veterans have never been formally diagnosed with PTSD but show signs or symptoms of having some level of post-traumatic stress. Additionally, veterans from different eras have different needs, and this training program addresses those issues. State Veterans Homes engage in new and experimental therapies for the veteran residents and share their findings with the other homes across the state. Experimental therapies include tai chi, yoga, music therapy, art therapy, and equine therapy. The Homes utilize public-private partnerships and volunteer groups to meet the social and therapeutic needs of their veterans.

Conclusion

There is no question that veterans deserve the very best care, especially in their later years. Because veterans have unique needs that require special care, the state has a wide variety of programs to assist the aging population and should continue to pursue outreach opportunities and public-private partnerships to expand these valuable programs.

Access to Care for the Aging Population

August 28, 2018

Access to Care

As the aging population in Texas continues to grow,^{xi} access to care for that population will continue to be an issue that the state needs to address. Access to care manifests in many forms, from the availability of providers, ability to pay, and transportation to appointments. As Texas residents continue to live longer and more productive lives, it is worth examining ways in which their continued access to care can be improved.

Texas Tech School of Medicine

In order to combat these issues, particularly for older and rural Texans, Texas Tech School of Medicine is piloting two programs to create more family medicine doctors and place them in rural communities. One of these programs is the Family Medicine Accelerated Track. This program allows medical students to graduate in three years instead of four and complete a guaranteed residency in family medicine. This decreases the cost of medical school by 25% and gives doctors greater freedom to pursue lower-paying but very high need specialties. Additionally, the school offers a Rural Family Medicine Track that places students in residencies in rural communities for either eighteen or twenty-four months. This program puts doctors on the front lines of the issue of rural access to healthcare, but Texas Tech loses money in formula funding because students are not working within the hospital proper. This needs to be corrected.

Access to Care Issues and Solutions

Doctor Paul Casner, the director of Geriatric Medicine at Texas Tech Health Sciences Center in El Paso, is all too familiar with the variety of barriers to care for the aging population. He sees it every day in his practice. The main issues Dr. Casner cited were transportation, insurance, and lack of family and community support. Dr. Casner also stated that many healthcare providers do not know how to correctly refer patients to hospice care or the standards for insurance coverage and that there is a lack of patient and family awareness of what hospice care entails.

Dr. Alan Stevens, the chair of Gerontology of Baylor Scott and White, echoed many of the same issues raised by Dr. Casner. Dr. Stevens highlights that only 3% of older Americans have sufficient health literacy, which is the ability to understand basic health information sufficient to make informed health decisions. This leads to delayed care, higher costs, and poorer outcomes.

Many older Texans live in rural communities that lack access to providers, especially lacking in mental and emotional support services. At Baylor Scott and White, they are piloting solutions to these issues by creating one stop clinics for seniors that have onsite laboratories, imaging, and pharmacies. In addition, they have a house call program to see seniors for maintenance or follow-up appointments to ensure that they are receiving care in a comfortable setting. Dr. Stevens recommended funding for residency programs in rural health and gerontology as well as working with higher education institutions to ensure the needs of this population are being met. As Dr. Stevens pointed out, the aging population is expected to continue to grow, so any current workforce shortfalls are going to only become more pronounced as time goes on.

Mari Robinson, with the UT Medical Branch, oversees their virtual health network and has seen firsthand the capabilities of modern telemedicine. Telemedicine has incredible capabilities to reach a wide array of people for a variety of medical issues. Ms. Robinson identified a few statutory barriers to the expansion of telemedicine, the bulk being federal regulations. She opined that with the removal of those regulatory barriers, advancing technologies in telemedicine can play a very vital role in closing gaps in access to care for older and rural residents across the state.

Conclusion

Access to care is a multilayered issue that will require a multitude of strategies to solve. Medical education that exposes medical students to high need areas like family medicine and gerontology will help increase the amount of providers in the state. Innovative programs, like the accelerated family medicine program, make it easier for medical students to enter into those specialties and should be supported. Additionally, leveraging existing technology like telemedicine provides an innovative and inexpensive way to bridge these gaps.

Recommendations

1. Examine and support public-private partnerships to increase awareness of the signs of Alzheimer's and ways to prevent the disease
2. Continue and maintain funding for university affiliated research institutions that are conducting research on Alzheimer's disease and related disorders
3. Encourage research institutions across the state to share data and work together to avoid duplication of research efforts
4. Examine restoration of funding for respite care programs
5. Expand current initiatives with state, federal, and municipal agencies, non-profit and faith based organizations, public-private partnerships and other interested entities to support programs for aging veterans
6. Support measures to increase gerontology practitioners across the state
7. Support collaborations with higher education institutes to provide greater access to care throughout the state
8. Ensure that universities aren't penalized in formula funding for rural health graduate medical education programs
9. Decrease barriers for the use of telemedicine across the state

ⁱ Acts 2009, 81st Leg., Ch. 161.252, Human Resources code can be retrieved from <http://www.statutes.legis.state.tx.us/Docs/HR/htm/HR.161.htm#161.252>.

ⁱⁱ Statistics presented at the May 16, 2014 Legislative Committee on Aging hearing by Department of Aging and Disability Services Commissioner Weizenbaum. Statistics updated by Department of Aging and Disability Services in an email to committee staff January 2016

ⁱⁱⁱ Department of State Health Services. Texas Council on Alzheimer's Disease and Related Disorders Biennial Report 2014. September 2014.

^{iv} Texas Department of State Health Services, <https://www.dshs.texas.gov/alzheimers/statistics.shtm>

^v World Health Organization, http://www.who.int/mediacentre/news/releases/2012/dementia_20120411/en/

^{vi} The Cooper Institute's Presentation to the Joint Legislative Committee on Aging, May 29th, 018

^{vii} Veterans in Texas: A Demographic Study, Texas Workforce Investment Council https://gov.texas.gov/uploads/files/organization/twic/Veterans_in_Texas_2016_Update.PDF

^{viii} Ibid.

^{ix} The Meadows Institute, Presentation to the Aging Committee, August 28, 2018

^x Texas Health and Human Services Committee, Presentation to the Aging Committee, August 28, 2018

^{xi} Statistics presented at the May 16, 2014 Legislative Committee on Aging hearing by Department of Aging and Disability Services Commissioner Weizenbaum. Statistics updated by Department of Aging and Disability Services in an email to committee staff January 2016